

**HOOPA VALLEY TRIBE
HOOPA VALLEY TRIBAL COUNCIL**

REPORT OF THEFT, DAMAGED PROPERTY, OR OTHER LOSS

DATE OF INCIDENT: _____ DATE REPORTED: _____

LOCATION OF INCIDENT: _____

TIME OF INCIDENT: _____

ENTITY: _____

DEPARTMENT OR DIVISION: _____

REPORTING PARTY: (FULL NAME) _____

ADDRESS: _____ CITY: _____ ZIP: _____ TELEPHONE: _____

PLACE OF BUSINESS: _____

DESCRIPTION OF INCIDENT: _____

DAMAGE/LOSS: _____

DESCRIPTION OF PROPERTY: _____ PROPERTY TAG NO.: _____

SERIAL NUMBER: _____ MAKE: _____ MODEL: _____

SERIAL NUMBER: _____ MAKE: _____ MODEL: _____

REPORTED TO POLICE: YES / NO _____ POLICE DEPARTMENT NAME: _____

OFFICERS NAME: _____ BADGE NUMBER: _____

COPY OF REPORT ATTACHED: YES / NO _____ PROPERTY RECOVERED: YES / NO

AND/OR DAMAGED: YES / NO

DEPARTMENT/ENTITY MANAGERS SIGNATURE _____ DATE: _____

IT IS THE DEPARTMENT MANAGER'S RESPONSIBILITY TO REPORT THIS INCIDENT IMMEDIATELY TO THE PROPERTY MANAGER AND INSURANCE DEPARTMENT. SHOULD YOU BE REPORTING A VEHICLE ACCIDENT ATTACH A COMPLETED TRAFFIC ACCIDENT REPORT. (PLEASE ATTACH VEHICLE ESTIMATE, IF AVAILABLE, COPY OF ORIGINAL INVOICE OF ESTIMATE OF REPLACEMENT COST.)

FORWARD REPORT AS FOLLOWS FOR SIGNATYURES:

1) _____ DATE: _____
INSURANCE ADMINISTRATOR/RISK MANAGER

2) _____ DATE: _____
PROPERTY MANAGER

This form is to be completed and signed by Department Manager and forwarded.

(ALL INCIDENTS – CLAIMS MUST INCLUDE A POLICE REPORT)